MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)		SERIAL NO. 09/788319			FILING DATE 2/13/01	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
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TOTAL IND.	8					
TOTAL DEP.	12					
TOTAL CLAIMS	20					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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